

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540844

APPLICANT(S)

28 APR 2005

FILING DATE

10/540844

CLAIMS

(705) 525-0421

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		0		/		
3		0		/		
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8	/		/	/		
9		1		/		
10		2		/		
11		2		/		
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50						
TOTAL IND.	3		3			
TOTAL DEP.	22		20			
TOTAL CLAIMS	25		23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						